



TOWN OF NORTH HEMPSTEAD

Department of Building, Safety Inspection and Enforcement

210 Plandome Road, P.O. Box 3000, Manhasset, NY 11030

Phone: 516-869-2464/ Fax: 516-869-7675

PUBLIC ASSEMBLY LICENSE APPLICATION/ RENEWAL

Owner/ Agent: _____

Address: _____

Name of Establishment: _____

Address of Establishment: _____

Status: *First time applicant* _____ **OR** *License Renewal* _____

FEES:

The proper (*non-refundable*) fee must be submitted with the Public Assembly License Application/ Renewal. Fees are as follows:

<u>Capacity in Persons</u>	<u>Annual Fee</u>	<u>Capacity in Persons</u>	<u>Annual Fee</u>	<u>Capacity in Person</u>	<u>Annual Fee</u>
50 to 100	\$350.00	101 to 300	\$500.00	301 and above	\$750.00

New Application Requirements:

Each initial application shall be accompanied by, at a minimum:

(1) Floor plans of the space accurately dimensioned & drawn to 1/4" = 1'-0" scale and label all rooms. Must include occupancy calculations, path of egress, all uses, all seating (movable & fixed), all exits, size & swing of all doors, all stairs, all corridors, all aisles & all emergency and exit lighting. The plans must be signed and sealed by a NYS Licensed Design Professional.

(2) A site plan of the property upon/within which the establishment will operate, to include zoning, location and distance of neighboring buildings, parking facilities, fire lanes and all neighboring streets, unless the Building Commissioner shall determine in writing that the property is in full compliance with all applicable building, safety and zoning requirements.

Renewal Requirements:

Have changes been made to this establishment/ property since the previous Public Assembly License approval? Y _____ N _____

(If yes, describe). _____

*** NOTE: If there have been changes, the renewal application shall require the information listed under "New Application Requirements."**

For all occupancies: The following letters/ certifications are to be submitted annually:

- 1) Contract of maintenance for kitchen hood cleaning.
- 2) Fire extinguisher maintenance contract.
- 3) Nassau County Fire Marshall's Emergency Light Test Certification.
- 4) Fire Alarm Certification (*when so equipped*).
- 5) Sprinkler System Certification (*when so equipped*).
- 6) Letter/ contract from sanitation company regarding refuse collection(*when refrigeration of refuse is required*).

Business Classification: Individually owned _____ Partnership _____ Member owned _____ Corporation _____

If corporation, provide date and place organized. Date: _____ State: _____

If a foreign corporation, has a Certificate of Authority been obtained to conduct business in New York?

Y _____ N _____ N/A _____ If yes, provide date _____ & Registration # _____

Other, explain _____

Use/ Occupancy Type _____

Restaurant, Catering Hall, Church, Gym Etc.

Is premise occupied under a lease agreement? Y _____ N _____

If yes, indicate _____ / _____ / _____

Written/ Oral

Date of Lease

Expiration Date

Is a current Alcohol Beverage Control License in effect? Y _____ N _____ N/A _____ If yes, provide license # _____

(If licensed, a copy of said license must be provided)

Has a Board of Zoning Appeals decision been rendered concerning this property or establishment? Y_____ N_____ N/A_____

If yes, explain_____

List concessionaires, if any - **Use additional sheets if necessary:**

Name(s)

Address

Nature

BUSINESS OWNER INFORMATION - **Use additional sheets if necessary:**

- If individual owner/ operator, list name & address, phone number(s), and e-mail address.
- If partnership, list names, addresses & percent of interest of all partners.
- If a corporation, list names and addresses of all officers/ directors and their percent of interest in said corporation.
- List stockholders with more than 5% interest in corporation

Name(s)

Address

Phone/ E-mail

Has the business owner (if corporation, its stockholders; if partnership, all partners) ever been convicted of any crime, violation of any Local Law or Municipal Ordinance?

Y_____ N_____ If yes, explain_____

PROPERTY OWNER INFORMATION (if different than above) **Use additional sheets if necessary:**

- If individual owner/ operator, list name & address, phone number(s) and e-mail address.
- If partnership, list names, addresses & percent of interest of all partners.
- If a corporation, list names and addresses of all officers/ directors and their percent of interest in said corporation.
- List stockholders with more than 5% interest in corporation

Name(s)

Address

Phone/ E-mail

In consideration of being granted a Public assembly License, it is agreed the applicant will comply with all requirements of Local Law No. 18, Chapter 9 of the Town of North Hempstead Code entitled "Building & Safety- Places of Public Assembly.

The provided information is truthful and accurate to the best of my knowledge. I understand that false statements made herein may result in a criminal penalty and/or revocation of any issued Public Assembly License. I agree to comply with current requirements of the Building Department of the Town of North Hempstead, any requirements promulgated in the future and will allow inspections of the listed property as necessary to insure compliance. In the event any of the provided information changes, I will immediately notify this office and provide the updated information.

I understand this application does not become a Public Assembly License until approved by a Public Assembly Inspector and the Commissioner of Buildings. Failure to abide by the listed regulations may result in the revocation of any approved Public Assembly License. **I also understand a Public Assembly License is valid for one year from the date of issuance and I am responsible for renewal of same.**

Sworn to before me this_____ Day of_____, 20_____

Signature of Owner

Notary Public

For office use only

Application Fee: \$ _____

Date application filed_____

Maximum Occupancy- NYS Uniform Code_____

Maximum Occupancy- BZA decision (if applicable) _____

Based on the statements in this application, inspection reports, office reports and other relevant information, it is recommended that a Public Assembly License/ Renewal be:

Approved_____ **Denied**_____ **Date**_____

License expiration_____

Inspected by_____

Date (s) Inspected_____

Public Assembly Inspector

Building Commissioner

Minimum Requirements for a Successful Public Assembly Inspection

**The items listed must be addressed prior to receiving a Public Assembly Inspection. While not meant to be all encompassing, compliance with these items is mandatory and increases the likelihood of a successful Public Assembly Inspection.*

Exterior:

Site coincides with submitted paperwork.
Area free of debris.
Sufficient parking with appropriate labeling.
Site lighting appropriate.
Emergency lighting above exterior doors is in working order (***may not be motion activated***).
No illegal outside storage.
Exterior signage conforms to code (***proper permits were obtained***).
Building exits properly protected (***posts, guards, etc.***).

Interior Signage-Exit, Directional Signs & Emergency Lighting

Occupancy poster conspicuously displayed.
Exit sign(s) displayed properly and working properly.
Emergency lighting provided and working properly (***where applicable***).
Proper signage for accessory areas (***bathrooms, sprinkler room, etc.***).

Egress

No storage/ obstructions in passages leading to exit.
Aisles to exit(s) not less than 3 feet in width.
Exit doors free of locking device(s) requiring key, slide bolt, etc.
Exit doors may be readily opened.
Panic hardware on exit doors working properly (***where applicable***).
Exit doors open in direction of egress.
Two means of egress (***required for occupancies of 50 people or more***).
Exit provided does ***not*** lead through kitchen, boiler room or bathroom.

Boiler Room

Vented to exterior.
Fire rated ceiling above boiler if not enclosed.
If boiler is enclosed:
Room clear of storage (***storage not permitted in boiler room***).
Fire extinguisher mounted outside entrance to boiler/mechanical room.
Two hour fire rating for boiler room (***no opening from boiler room shall be unprotected***).
Emergency shut off located immediately outside boiler room entrance.
If boiler is not enclosed:
No storage within 3 feet of boiler.
Fire extinguisher mounted within 25 feet.

Bathrooms

Hot and cold water must be provided (***sink pipes must be protected in handicapped bathrooms***).
Fixtures (***sinks, toilets, etc.***) must be in proper working order.
Signs designating permitted gender.
Self closing doors.
An operable window or ventilation fan in bathroom(s).
Non-absorbent floor finish.
Smoke detector (***when applicable***).
Emergency lighting (***when applicable***)

Kitchen

Range hood more than 7 feet above floor.
Exhaust fan from hood vented to outside.
Fire retardant and non-absorbent floor.
Red safety caps on fire suppression system.
Vapor proof lights wired in conduit with covers and guards.
(1) Type K extinguisher mounted in kitchen area (***water type alone not sufficient***).

Stairs

Sufficient illumination of stairs.
Sturdy/ safe handrails, treads and risers.
Self closing fire rated doors open in direction of egress to protected stairway.

Storage

Two hour fire rated room for combustible storage (***linens, paper, etc.***).
Labeled fire rated locker, with lock and key, for hazardous combustibles (***paints, solvents, etc.***).
No Smoking signs in storage areas.
No Smoking signs on lower levels.

Electrical

Provide Electrical Underwriters Certificate for new or altered electrical work.

Permits

Building permit(s) required for alterations.
Plumbing permit(s) required for alterations.
Carbon monoxide alarms shall be installed within each dwelling on any story having a sleeping area.
Carbon monoxide alarms shall be installed on any story where a carbon monoxide source is located (***ex. fuel fired appliances, solid fuel burning appliances [oil burners, gas burners etc.], fireplaces or attached garages***).